## EXHIBIT A

THIS DOCUMENT CONTAINS A UNIQUE STATE OF NJ WATERMARK HOLD AT LIGHT TO VERIFY

Record Contains mendmen

## NEW JERSEY DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

Document 57-1 Filed 09/29/20 Page 2 of 3 PageID: 194

20200006486

1a. Legal Name o		- A. H. S. S. S.		est, Suffix)		Т		T				Ţ	LIM
1b. Also Known A				, Last, Suffix)		-	_		_			T	ONL
2. Sex	12.5	Social Secu	eite bhur	har	l4a. Age			_	5 Date	of Birth	(Mo/Di	sv/Yn	_
Male		1985	1985 34 Y							sate of Birth (Mo/Day/Yr) 985			
Brooklyn, New	York	Foreign Co				-		1277				15	_
a. Residence-Sta New Jersey	de		7b, Cou Midd	inty lesex			Municipality arteret Boro						
d. Street and Nur 144 High Street		The T			7e, Apt No.		7f. Z)	p Code		7	7g. Insid Yes	e City L	mits?
a. Ever in US Am Yes		087	8b. If Y	es, Name of V	Var:	8c. \	Nar Service	Dates	(From/To)	):			
Domestic Status	at Time	of Death	-C()	10. Name	of Surviving Spous	e/Partne	(Name giv	en al bi	rth or on l	hirth cen	tificate)		
1. Father's Name		liddle, Last	)	_		_							
Mamdouh Etale 2. Mother's Name		First Marri	age (Fir	st, Middle, Las	u)	_			_	_	-	-	_
Azza Elalem 3a. Name of Infor	Contract :	200	1			_		_	113	th Rein	tionship	to Decr	edent
Islam Elalem					Y					Sibling			
3c. Mailing Addre 144 High Street	, Carter	et, NJ 070	80		The second second							1	
4. Method of Disp	osition	15. Pla	ce of Di	sposition (nam	e of cemetery, crem	atory, oti	her)	16. L	ocation- (	City & S	tate/For	eign Co	untry
Burlal Mariboro Muslim Memorial  7. Name and Complete Address of Funeral Facility						Ma	riboro Town	nship, Ne	ew Jersej	1			
<b>Muslim Funeral</b>	Service	s of NY, 5	121 2nd	Ave, Brookly	n NY 11232								
8. Electronic Sign Christine A			rector								9. NJ Lic 23JP00		
0. Decedent Educ			190	TEST OF	21. Decede	ent of His	panic Origin	17	22		dent Ra		-
Bachelor's degr	ee (BA,	AB, BS)			Not Spa	nish / His	spanic / La	tino		Other F	Race: E	gyptlan	
Occupation of I	Deceder	it (Type of	work do	ne most of life,		24. Kind	of Business	_	ry				
Engineer  5. Name and Add				15/5	Someway a Nov	Engine	ering		_	-	_	+	-
Picatinny Arsen B. Date Pronounce					J-15, Wharton, NJ ( ame of Person Prono		Death	_	_	_	_	- 2	
02/02/2020	1	(111.00.0)		- 11		running c	70001						
7. Time Pronound 1234	ed Dead	1 (24-hr)	29. ⊔	cense Numbe	r	4000		30	. Date Si	M) beng	fo/Day/\	(r)	
1 Date of Death	(Mo/Day	(Yr) 3	2. Time	of Death (24-	hr) 33. Was N	ledical E	xaminer Co	ntacted	? 34.	Place o	of Death		
02/02/2020		PAL	Appro	x-1142	Yes					eceden	nt's Hon	пе	
a. Facility Name 144 High Street	(If not in	stitution, g	ive stree	t and number,									
5b. Municipality	\		100				35c. Co		110	_		7	
Carteret Boroug	204	PART I - II	MMEDI	TE CAUSE -	final disease or con	dition res	Midd	ath Cu	beequent	ty list co	anditions	H any	leading to
AUSE OF DEAT	the c	cause listed	on Line	a. Enter the	UNDERLYING CAU	SE (dise	ase or injur	y that in	itiated the	e events	s resultir	ng in de	ath) LAST
nmediate Cause . Pending							l'	unkno		Onset	and Death		
io to (or as a con	<b>Sequenc</b>	e oi):											
ue to (or as a con	sequenc	<b>6</b> 0f):		- DE-	-	-					-		
ue to (or as a con	sequenc	e of):	india.			-	_	15.0		-	-	-	
b. PART II - Ente	r other s	ignificant o	andillar	s contribution	to death but not res	ulting in	197 W/a	n no Au	topsy Per	domad'	0	Hel-	
idenying cause gl	ven in P	ART I.	OHERON	a commodung	to dean but not tea	илинд ш	Relig	ious O	bjection	AND ALL SECTION			
							38. We Death?		psy Findir	ngs Ava	ilable to	Comple	ele Cause
Date of Injury (A	do/Day/	Y// 40 T	ime of	njury (24-hr)	41. Place of Injury	(e.a hou		otion si		ranti	42 In	jury at v	work?
a. Location of Inju				6-311		10.8. 1101	a, sanadu			21.0	76. 10	-	
			roet, Zij	Code)	43b. Municipality			430	County			43d.	State
Describe How II	njury Oo	curred		A SECTI					45. If Tra	nsporta	ation Inju	ıry:	
STATISTICS.	17.0	A Miles	-	Bar Eller									
. Manner of Deat	1			id Decedent Diabetes?	48. Did Tobacco L Contribute to Deal		If Female, F	Pregnar	ncy State				
Pending Investig	ation	1	Unknown		Unknown	nown Not applicat		ole	0				
Certifier Type Medical Examine	100			51. Name, Ad- Allison Mac	dress, and Zip Code	of Certi	fier						
. Electronic Signa		Partition.	n.d		ston Ave., North E							× 1	5 1
Allison Ma	utome	ंग धार्म					License Nu 5MA098680				te Certif 2/2020	led (Mo	/Day/Yr)
Electronic Signa	ture of L	ocal Regis	trur	77			District No.		57. Date			Case ID	Number
Nellie Sowe	u						1245		02/03/			21613	

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144 High Street				07008		Yes	RegelD:	
Yes	b. if Yes, Name of W	ar.	8c, War	Service Dates	(From/To):			
Domestic Status at Time of Death     Divorced	10. Name	of Surviving Spouse/Pa	orlner (N	ame given at b	irth or on birth	certificate	)	
11. Father's Name (First, Middle, Last)	200			_				
Mamdouh Elalem  12. Mother's Name Prior to First Marria	um Fillent Affeldin I on	41						
Azza Etalem	to (Latar Mildole, Cas	0						
13a. Name of Informant Islam Elalem							ip to Decedent	
13c. Mailing Address (Street and Numb	er, City, State, Zip Co	ode)			Sibi	ing		
144 High Street , Carteret, NJ 07008 14. Method of Disposition 15. Place		e of cemetery, cremator	v ather	Tie	continu Oit	P. C1-1-1F	assistant Country	
	oro Muslim Memoria		), outer)	10.0	Location- City	a States	oreign Country	
17. Name and Complete Address of Fu		11		Ma	riboro Township	o, New Jers	ну	
Muslim Funeral Services of NY, 512	1 2nd Ave, Broakly	n NY 11232						
18. Electronic Signature of Funeral Dire	ctor					19. NJ I	Jicense Number	
Christine Ann Cuoco		Tay a	*1.0			23JP00453800		
20. Decedent Education		21. Decedent	O-III	ALC:	22 D	2 Decedent Race		
Bachelor's degree (BA, AB, BS)	N. Contraction	Not Spanisi				er Race:	Egyptian	
<ol> <li>Occupation of Decedent (Type of we Engineer</li> </ol>	ork done most of life,		Kind of E	Business/Indust	try			
25. Name and Address of Last Employe				-				
Picatinny Arsenal, US Military Dept 26. Date Pronounced Dead (Mo/Dey/Yr		J-15, Wharton, NJ 078 ime of Person Pronoun		th			_	
02/02/2020		and di Ferson Frondan	ung Dea					
27. Time Pronounced Dead (24-hr)	29. License Numbe	1	_	34	0. Date Signe	d (Mo/Da)	(Yr)	
1234	7 (2 0 (2)	Tan and an an	-					
31. Date of Death (Mo/Day/Yr) 32	Time of Death (24-	(ii) 33, Was Medi	cal Exan	niner Contacted	17 34. Pla	ce of Dea	th .	
02/02/2020	Approx-1142	Yes			Dece	dent's H	ome	
35a. Facility Name (If not institution, giv 144 High Street	e street and number,							
35b. Municipality				35c, County				
Carteret Borough				Middlesex				
CAUSE OF DEATH: 36s. PART I - IN	MEDIATE CAUSE -	final disease or condition UNDERLYING CAUSE	n resulti	ng in death. Su or injury that is	ibsequently list mitiated the ev	t conditio	ns, if any, leading to iting in death) LAST.	
Immediate Cause				Action Services	Interv	al Belwe	en Onset and Death	
n. Pending Due to (or as a consequence of):	The same of the sa		_		uni	known		
b.	Er.		4		11/13			
Due to (or as a consequence of):					-			
c. Due to (or as a consequence of):			-			•		
d. The same of the same of the same of	and the same				1			
36b. PART II - Enter other significant conditions contributing to death but not resulted from a great property of the part				37. Was an Au Religious O		ned?		
			psy Findings	vailable to Complete Cause				
				Death? Not Applica	ble			
39. Date of Injury (Mo/Day/Yr) 40. To	ime of Injury (24-hr)	41. Place of Injury (e.	g. home,	construction s	ite, restaurant	42.	Injury at work?	
13a, Location of Injury (Number and St	reet, Zip Code)	43b. Municipality		430	County		43d. State	
			_			4.35		
					45. If Transp	ortation l	njury:	
14. Describe How Injury Occurred				emale, Pregnancy State				
18. Manner of Death	47. Did Decedent Have Diabetes?	48. Did Tobacco Use Contribute to Death?			ncy State			
16. Manner of Death  Pending investigation	Have Diabetes? Unknown	Contribute to Death? Unknown	Not	pplicable	ncy State			
IS. Manner of Death Pending investigation IO. Certifier Type	Unknown 51, Name, Ad Allison Ma	Contribute to Death? Unknown dress, and Zip Code of	Not a	applicable	ncy State			
45. Munner of Death  Pending Investigation  50. Certifier Type  Medical Examiner	Unknown 51, Name, Ad Allison Ma	Contribute to Death? Unknown dress, and Zip Code of	Not a	npplicable				
50. Certifier Type	Unknown 51, Name, Ad Allison Mai 1490 Living	Contribute to Death? Unknown dress, and Zip Code of	Not a Certifler newick, 53. Lio 25Ma	applicable	54.	2/02/202	rtified (Ma/Day/Yr) 6   Case IO Number	

DATE IS

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Case 2:19

- THIS DOCUMENT CONTAINS A UNIQUE STATE OF NJ WATERMARK HOLD AT LIGHT TO VERIFY 🥆

New Jersey Department of Health, Office of Vital Statistics and Registry

This is to certify that the above is correctly copied from a record on file in my office.

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Vincent T. Arrisi State Registrar
Office of Vital Statistics and Registry



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